

## DEPARTMENT OF INSURANCE STATE OF ARIZONA

Financial Affairs Division – Trust Deposit Unit 2910 North 44<sup>th</sup> Street, Suite 210 Phoenix, Arizona 85018-7269 Phone: (602) 364-2712 Fax: (602) 364-3989

## ARIZONA SPECIAL SCHEDULE P CALENDAR YEAR 2005 - DUE APRIL 15, 2006

To be filed by authorized Workers' Compensation insurers to report unpaid Workers' Compensation losses as of December 31st for Arizona Business only and determination of the Workers' Compensation Deposit required under A.R.S. § 23-961.

<del>-</del>			Domicile State: _			
			are not to be discounted l	hy any rate of int	orest	
		•	rial justification for differ	•	010011	
Part I:	(1)	(2)	(3)	(4)	(5)	(6)
Claims Incurred More Than 3 Years Before Preceding 12/31 (Accident Year Basis)	Losses Unpaid Including Reinsurance Assumed	Loss Expense Unpaid	Credit for Approved Reinsurance Ceded to Reinsurers Licensed to Transact WC Ins. in AZ	Net Amount (1) + (2) - (3)	6% Present Value Factors	6% Present Value = (4) x (5)
	See Columns 1 and 2	NOTE above			See NOTE above	
1995 & Prior					0.804	
1996					_ 0.742 _	
1997					0.727	
1998 1999			<u> </u>		0.712	
2000	· <del></del>				_ 0.696 _ 0.681	
2001	· · · · · · · · · · · · · · · · · · ·		· ·		0.669	
2002	· <del></del>		<del></del>		0.667	
Claims Incurred in the 3 Years Immediately Preceding 12/31 (Accident Year Basis) 2003 2004 2005	· · 				_ 0.684 _ 0.710 _ 0.773	
	<b>Total</b> (Indivi	dual years can be	less than "0" however, Total	of "(B)" cannot be	less than "0")	
	Plus Assumed Less (	Ceded:				
3 Years Immediately Preceding 12/31 In Which Premiums Were Earned And	(7) 65% Of Earned	(8) Loss And Loss Expense				(9)  Net Amounts
3 Years Immediately Preceding 12/31 In Which Premiums Were Earned And Losses Were Incurred	(7) 65% Of	(8) Loss And Loss	_		_	
3 Years Immediately Preceding 12/31 In Which Premiums Were Earned And Losses Were Incurred 2003	(7) 65% Of Earned	(8) Loss And Loss Expense	- -		<del>-</del>	Net Amounts
3 Years Immediately Preceding 12/31 In Which Premiums Were Earned And Losses Were Incurred 2003 2004	(7) 65% Of Earned	(8) Loss And Loss Expense	- - -		- - -	Net Amounts
3 Years Immediately Preceding 12/31 In Which Premiums Were Earned And Losses Were Incurred 2003	(7) 65% Of Earned Premiums	(8) Loss And Loss Expense Payments	- - - - -	of "(C)" cannot be		Net Amounts
3 Years Immediately Preceding 12/31 In Which Premiums Were Earned And Losses Were Incurred 2003 2004 2005	(7) 65% Of Earned Premiums	(8) Loss And Loss Expense Payments	- - - less than "0" however, Total	of "(C)" cannot be	-  -  -  ess than "0")	Net Amounts
3 Years Immediately Preceding 12/31 In Which Premiums Were Earned And Losses Were Incurred 2003 2004 2005	(7) 65% Of Earned Premiums	(8) Loss And Loss Expense Payments  dual years can be	- - - less than "0" however, Total Enter the grea		<u> </u>	Net Amounts
3 Years Immediately Preceding 12/31 In Which Premiums Were Earned And Losses Were Incurred 2003 2004 2005	(7) 65% Of Earned Premiums  Total (Indivi	(8) Loss And Loss Expense Payments  dual years can be		ter of Part II (B) or	Part III (C):	Net Amounts
3 Years Immediately Preceding 12/31 In Which Premiums Were Earned And Losses Were Incurred 2003 2004 2005	(7) 65% Of Earned Premiums  Total (Indivi	(8) Loss And Loss Expense Payments  dual years can be	Enter the grea	ter of Part II (B) or of Part I (A) and Parter of (E) above or	Part III (C):	Net Amounts

ARIZONA SPECIAL SCHEDULE P CALENDAR YEAR 2005 - DUE APRIL 15, 2006					
Con	any Name:NAIC No.:Domicile				
	(continued): On lines G and H, enter only the amount(s) applicable to the insurer's current deposit maintained for Arizona Workers' sation policyholders. Enter "N/A" on lines that are "not applicable."				
(G)	otal current principal amount of assigned Certificate(s) of Deposit held by AZ State Treasurer\$				
	f LINE H is NOT APPLICABLE and LINE F is less than Line G, refer to Form EXSAPP				
	If LINE H is NOT APPLICABLE and LINE F IS GREATER THAN LINE G:				
	i. <b>Enclose ORIGINAL</b> Certificate(s) of Deposit issued by a federally insured financial institution <b>located in Arizona</b> accompanied by two (2) fully executed original Assignment Forms E150, so that the sum of Line G and the additional assigned Certificates of Deposit (subject to ou approval prior to delivery to Arizona State Treasurer) equals or exceeds Line F. <b>NOTE:</b> Each Certificate of Deposit cannot exceed \$100,000 and must be issued by different financial institutions.				
(H)	otal PAR value of all marketable securities currently held by AZ State Treasurer's custodial bank \$				
(I)	LINE F is less than the sum of Lines G and H, refer to Form EXSAPP.				
(J)	F LINE F IS GREATER THAN THE SUM OF LINES G AND H:				

- i. <u>ONLY</u> if an amount has been entered on Line G, you may send documents described in G.i. to increase the total of Certificates of Deposit held by the Arizona State Treasurer to an amount that equals or exceeds Line F.
- ii. If Line G is "0" or "not applicable" IMMEDIATELY complete and send Form(s) E125 DIRECTLY TO WACHOVIA BANK, N.A. for approval prior to delivering additional cash or Eligible Securities to increase the total securities deposit to an amount that equals or exceeds Line F.

DO NOT SEND FORM(S) E125 TO THIS DEPARTMENT

<u>IMPORTANT</u> – <u>If immediate actions described in Line J are not taken BEFORE filing this Report</u>, the Company's <u>authority</u> to write or reinsure Arizona Worker's Compensation insurance business <u>may be summarily suspended</u> based upon failure to maintain the deposit required pursuant to A.R.S. § 23-961.

## ALL FORMS REFERENCED ABOVE ARE AVAILABLE AT http://www.id.state.az.us/corp\_misc.html

Part V: In the schedule below or on an attachment, list all of the reinsurers and the amounts recoverable on Arizona workers' compensation unpaid losses and loss expenses from each reinsurer for each year reported. The sum of all amounts for each year must equal the amounts entered in Column 3, Parts I and II on Page 1.

NAIC#	Authorized Reinsurer Name	1995 & Prior	1996	1997	1998	1999
	\$					
	\$					
	\$					
	TOTALS ► \$					
NAIC#	Authorized Reinsurer Name	2000	2001	2002	2003	2004
	\$					
	\$					
	\$					
•	TOTALS ► \$					
NAIC#	Authorized Reinsurer Name	2005				
	\$					
	\$					
	<b>\$</b>					
	TOTALS► \$					

PREPARER CERTIFICATION		
I certify that I have prepared this report. to the best of my knowledge.	It is true, complete and correct	
SIGNATURE OF PREPARER	DATE	
NAME AND TITLE <b>TYPED</b> OR <b>PRINTE</b>	D	
COLLECT OR TOLL-FREE TELEPHON	E NUMBER	
E-MAIL ADDRESS		

COMPANY OFFICER CER	RIFICATION
I certify that I have reviewed this report. correct to the best of my knowledge.	It is true, complete and
SIGNATURE OF OFFICER	DATE
NAME AND TITLE <b>TYPED</b> OR <b>PRINTE</b>	D